

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
CHANGE OF RELIGIOUS DESIGNATION FORM

_____ Correctional Facility

Incarcerated Individual's Name: _____ DIN: _____

Location: _____

Date of Last Change (Check with IRC or Guidance): _____
Month Day Year

I profess to be of the _____ faith and not of the _____ faith as previously listed. (Incarcerated individuals can not self-designate to be Native American. Established policy requires incarcerated individuals to provide verification of ancestry to the facility Chaplain who will forward to the Director of Ministerial, Family and Volunteer Services for review/approval.) I understand that subsequent changes of religion will only be permitted at 12-month intervals.

SIGNATURE OF INCARCERATED INDIVIDUAL

DATE SIGNED

SIGNATURE, CHAPLAIN OF FORMER RELIGION

Approves Based On:

☐ Self-Declaration

or ☐ Documentation of Existing Status by an appropriate religious body

or ☐ Conversion

SIGNATURE, CHAPLAIN OF NEW RELIGION

DATE SIGNED

SIGNATURE, COORDINATING CHAPLAIN

DATE SIGNED

Staff signature is required solely for administrative purposes. It signifies approval of the incarcerated individual request and in no way certifies an individual's religious beliefs.

DISTRIBUTION:

COORDINATING CHAPLAIN (FILE)

GUIDANCE (INCARCERATED INDIVIDUAL FOLDER)

INMATE RECORDS COORDINATOR (INCARCERATED INDIVIDUAL FOLDER)

INCARCERATED INDIVIDUAL